

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report

Name of Committee MISSISSIPPI FARM BUREAU OF OPERATION
BAYLOR MARSHALL POLITICAL ISSUE COMMITTEE
 Address 6311 RIDGEWOOD ROAD, JACKSON MS 39211
 Telephone 601-977-4205 Fax 601-977-4808
 Director DAVID WAIDE Treasurer WILLIAM DAVIS

RECEIVED

OCT 19 2010

Campaign Finance
Secretary of State
DATE STAMP
☐ Check here if above is different from previous report
TYPE OF REPORT

JUNE, 2010 Monthly Report (due 10th of following Month).....Mandatory
 (Month)

Termination Report (Committee or Individual will no longer accept contributions or make expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

IMPORTANT

- (1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars (\$200.00) shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own behalf expends in excess of Two Hundred Dollars (\$200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.
- (3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.
- (4) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the last working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ -0- + \$ 18.00	\$ 18.00	\$ 957.31
Total amount of disbursements	\$ 9,848.99 + \$ -0-	\$ 9,848.99	\$ 15,382.52
Total amount of cash on hand		\$ 690,101.68	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

William Davis
Signature of Director or Treasurer

10/18/10
Date

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. 23-15-813 (1972).

SEND TO: 1. Political Committees and Individuals should return this form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

Name of Candidate or Committee Balanced Measure Political Issue CommitteeReporting period JUNE 1, 2010 through JUNE 30, 2010

ITEMIZED RECEIPTS

DURING THIS TIME PERIOD THE AVERAGE CONTRIBUTION WAS \$1 FOR CONTRIBUTING FAMILY.A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee BALLOTTED MEASURE POLITICAL ISSUE COMMITTEEReporting period JUNE 1, 2010 through JUNE 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MISSISSIPPI FARM BUREAU FEDERATION	06/___/10	\$ 9,848.99
Mailing Address		
P.O. Box 1972		
City, State, Zip Code		
JACKSON MS 39215-1972		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 9,848.99
EMINENT DOMAIN PETITIONS		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$